## AUTHORIZATION TO REMOVE TRESPASSERS/LOITERS

10:	Greenville, North Carolina	
FROM:	(Property Owner)	(Business Name)
	(Address)	(Telephone Number)
	(Property address where authority exists)	
Initial	beside appropriate action(s)	
	vacant or closed building/business/residence/dv	n. tom. (requires GPD approved sign) welling (expires when leased or rented)
I,	name of owner or authorized agent's name), ow	n or have authority over the premises listed above.
I hereby	y state that no person shall be authorized to enter	or remain on the above premises, including all
propert	y, buildings, parking lots and grounds located the	ereon for the reasons or periods identified above by
my initi	ials. No trespassing/loitering signs have been pos	sted on these premises in a conspicuous location
visible	to the general public or likely intruders. Loitering	g includes congregating, hanging around or
standing	g and not entering the premises as a customer. The	he Owner/agent must erect required signs within 30
days of	this Agreement to be enforceable. Signs may be	obtained from the Public Works Department.
Pursuar	nt to North Carolina General Statute §14-159.13(	1), the undersigned hereby authorizes any officer of
the Gre	enville Police Department to cite, arrest and/or re	emove any intruder found upon the above premises
contrar	y to this authorization. Where loitering signs are	posted, I authorize Greenville Police Officers to
direct p	ersons to leave and if they do not, they are trespa	ssers. I understand and agree that I may be
requeste	ed to direct the individuals to leave the premises.	I understand and agree that, as owner or agent in
charge	of the premises, I may be required to testify in co	ourt as to my power to delegate such authority.
(Owner	or authorized agent's signature) (D	vate)

DOCUMENT MUST BE NOTARIZED OR WITNESSED BEFORE A GREENVILLE POLICE OFFICER

## STATE OF NORTH CAROLINA PITT COUNTY

	lic duly authorized in and for the aforesaid State and r or agent having been first made known to me affixed his pregoing document.
This theday of, 20	
Notary Public	
My Commission Expires:	
	OR
(Greenville Police employee witness signature)	(Date)
(COG ID No)	\- <del></del> /
(Printed name)	